

Commonwealth of Kentucky
DEPARTMENT OF INSURANCE

Property and Casualty Division

SURPLUS LINES BROKER QUARTERLY REPORT

Per KRS 304.10-170 & KRS 304.10-180

Licensee Name _____

Licensee SSN _____

Licensee DOI License No. _____

Section 1

For the period of _____

through _____

A LINE OF BUSINESS	B Transaction Count	C Premiums Charged	D Any Fees Charged	E Premium Returns Paid	F Net Premiums Charged
Aviation					
Auto - Commercial Cargo					
Auto - Commercial Liability					
Auto - Commercial Physical Damage					
Auto - Private Passenger Liability					
Auto - Private Passenger Physical Damage					
Boiler & Machinery (Mechanical Breakdown)					
Commercial Multiple Peril					
DIC - Earthquake/Flood					
Farmowners Multiple Peril					
Fire & Allied Lines					
Homeowners Multiple Peril					
Inland Marine					
Liability - General					
Liability - Liquor					
Liability - Municipal or Other Government					
Liability - Products					
Liability - Professional Medical Malpractice					
Liability - Professional - Non Medical /Hospital					
Livestock					
Umbrella & Excess Liability					
Workers Compensation - Excess/ Stop Loss					
Any Other					
Aggregate Totals/Premiums					
3% Surplus Lines Tax Due (Multiply Total Column F By .03)					

THIS FORM MAY BE REPRODUCED BUT NOT ALTERED

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IF NO SURPLUS LINES BUSINESS FOR THIS PERIOD, CHECK HERE:

I, _____, SSN# _____, DOI License # _____,
a Kentucky licensed surplus lines broker, located at _____,
hereby affirm that all statements contained in the foregoing are true and correct to the best of my knowledge, information and belief.

Sworn and subscribed before me this _____ day of _____, _____.

Ky. S.L.Q.R. Form 2A(Ed. 04/02)